

MULTIPLE DEPENDENT
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

473270

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8				
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11	2			
12	2			
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50				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

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51				
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57	2			
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60	2			
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

BEST AVAILABLE COPY